Instructions
Maternal and Infant Plans of Care, Part 2
(11/01/15)

These instructions are intended to clarify data fields that users have asked about in the past and to provide definitions for other fields to ensure that all users are interpreting them in the same way. If you have any questions about these instructions or think further instructions are needed, please contact Deb Marciniak at marciniakd1@michigan.gov *or 517 324-8314.*

There are 16 *POC Part 2 (POC 2)* maternal risk domains and 7 infant risk domains that are formatted essentially the same way. These general instructions pertain to them all. (NOTE: There are three additional domains designed for substance-exposed infants [SEI]. These domains are formatted somewhat differently, requiring a separate set of written instructions.)

Maternal Risk Domains

> M003 Family Planning
> M015 Asthma
> M016 Diabetes
> M017 Hypertension
> M004 Pregnancy Health
> M024 Nutrition
> M025 Breastfeeding
> M010 Smoking/2nd Hand Exposure
> M011 Alcohol
> M012 Drugs
> M008 Social Support
> M013 Stress/Depression
> M014 Abuse/Violence
> M005 Food
> M006 Housing
> M007 Transportation

Infant Risk Domains

> I003 Infant Health
> I007 Maternal Considerations
> I020 Infant Family, Social Support, Parenting & Child Care
> I037 Infant Breastfeeding
> I004 Infant Safety
> I005 Infant Feeding
> I006 Infant Development
> I304 Substance Exposed Infant: Positive at Birth (see SEI instructions)
> I302 Substance Exposed Infant: Primary Caregiver Use (see SEI instructions)
> I308 Substance Exposed Infant: Environment (see SEI instructions)

There is no infant *POC 2* domain for birth health, although questions about it are included in the *Infant Risk Identifier*. Birth health is a static, one-time snapshot of infant health status at the time of birth. There are no interventions for birth health because we don't have the ability to change the status of a single event that occurred in the past.

SELECTING THE BENEFICIARY'S *POC 2* RISK DOMAINS

The *POC 2* is developed for each beneficiary who has one or more identified risks. Risks include those identified by the *Risk Identifier* algorithm and those identified by professional observation and judgment. The *POC 2* for each risk domain specifies the interventions that will be provided at different levels of risk.

To compile the *POC 2*, the nurse and social worker pull a *POC 2* risk domain form (*Interventions by Risk Level)* for each of the beneficiary's identified risks. The *Risk Identifier* score sheet assigns risk levels to specific domains. You **MUST** pull the specific *Plan of Care Part 2, Interventions by Risk Level* form for each domain identified as a risk by the computer-generated *Risk Identifier* score sheet. You **MAY** pull additional risk domains based on professional observation and judgment if certain criteria are met. This is discussed in the section below (Column 2).

Most domains have moderate, high and emergency level interventions. Some domains have low, moderate, high and emergency level interventions. Some domains have only moderate and high level interventions. This is because of the nature of the domain.

The emergency level interventions do not score out on the *Risk Identifier.* This is because they are always based on professional observation and judgment, not on the *Risk Identifier* algorithm.

There is no requirement that the complete *POC* 2 address a particular number of domains. Rather, a beneficiary's *POC 2* must incorporate all of the domains that correspond to her individual risks, as identified by the *Risk Identifier* or by the registered nurse or licensed social worker, based on observation and professional judgment.

Keep only one copy of each of the beneficiary's *POC 2* risk domains in the chart. There should not be multiple copies of any domain (e.g., Family Planning). Do not pull another copy of the domain each time you visit, as this is likely to result in documentation errors.

COMPLETING THE *POC 2* RISK DOMAIN FORM

- Beneficiary: At the top of the page, write the first and last name of the maternal or infant beneficiary. If the beneficiary is an infant, use the infant's name here, even if the *POC 2* domain you have pulled is one that falls under "Maternal Considerations."

Column 1: Intervention Level Based on *Risk Identifier* Score or Professional Judgment

- Check the box in this column that matches the risk level on the *Risk Identifier* score sheet for this domain. For example, if the beneficiary scored moderate risk in the Abuse/Violence domain, check the moderate box. You may not:
    - Electronically override the computerized assessment results (*Risk Identifier* scores)
    - Cross out a risk level on the *Risk Identifier* score sheet
    - Alter the *Risk Identifier* score sheet in any other way

- Although there is a date field below each check box in this column, you are not required to insert the date in the space provided when you initially check the box based on the *Risk Identifier* score sheet. However, you may choose to do so for your own purposes.

- If a domain scored out as "unknown," check the highest level intervention box for that domain, other than the emergency interventions. There are several domains that score out as "unknown" if the beneficiary does not answer specific high-risk questions. These include previous poor birth outcomes, alcohol or drug use, abuse/violence, stress/depression, prenatal care and family planning.

Column 2: Risk Information

The information in this column is primarily for purposes of determining whether or not professional judgment, based on observation and information from interviewing the beneficiary, can be used to add a new risk domain or to change the risk level of a current risk domain. This column provides brief descriptions of the risks that correspond to each intervention level.

Conditions under Which You May Add a New Risk Domain or Change the Risk Level for a Current Risk Domain

- In order to add a risk domain or to increase or decrease the risk level for a current domain based on professional observation and judgment, you must ensure that:

    1. You are designating a risk level that is actually listed on the *POC 2* risk domain, (otherwise there are no corresponding interventions for you to implement).
    2. The beneficiary meets the criteria stated in Column 2 at the level you are designating.

- You may add a risk domain based on professional observation and judgment at the time that the *POC 2* is initially developed or later during the course of care. The reason for adding the risk domain must be based on the risk criteria in Column 2 of the *POC 2*. When you add a domain, document the date that it was added in the date field in Column 1 and document the reason it was added on the *Professional Visit Progress Note*

or *Contact Log.* If you add a domain after the original *POC 2* is developed, you must also update the *POC 3* and obtain the signatures of the RN and SW.

- Interventions are provided at or below the beneficiary's current documented level of risk. If you provide interventions above the beneficiary's documented level of risk for any domain, the electronic *Discharge Summary* will not record them in the "Interventions Provided" section. This means that the information will not be captured in the MIHP database. In order to provide the most appropriate care, you should increase the risk level when the beneficiary's situation matches the risk information in Column 2 of the *POC 2*, so you can implement a higher level of interventions.

- You cannot change the risk level at the time that the *POC 2* is initially developed and signed. You must wait at least until the time of the first professional visit in order to change a risk level.

- If you increase or decrease the risk level, document the date of the change in the date field in Column 1 and document the reason for the change on the *Professional Visit Progress Note* or *Contact Log*. The reason for the change must be based on the risk criteria in Column 2 of the *POC 2.* You do not need to update the *POC 3* when you change a risk level.

Column 3: Interventions

The third column specifies the standardized interventions for a given domain by risk level. Interventions are minimum expectations of service delivery and are developed based on available evidence and best practices. Interventions are to be implemented using Motivational Interviewing. For more information on Motivational Interviewing, see the *MIHP Operations Guide* and the required training titled *Motivational Interviewing and the Theory Behind MIHP Interventions* at the MIHP web site.

- You are not required to implement all interventions for a specific domain. The interventions that are implemented are based on the individual beneficiary's needs. Not all interventions are applicable to every beneficiary who scores out at a particular level in a particular domain. For example, two woman may score out as high risk in the depression domain but one may require a mental health referral and the other may not, as she is already in treatment.

- Provide interventions at or below the beneficiary's current documented level of risk. If you provide interventions above the beneficiary's documented level of risk for any domain, the electronic *Discharge Summary* will not record them in the "Interventions Provided" section. This means that the information will not be captured in the MIHP database.

- Each intervention is numbered. The number is documented on a *Professional Visit Progress Note* each time the intervention is implemented. There is also a *Date Achieved* space after each intervention in Column 3. The date is inserted when the intervention is **first** implemented. If the intervention is implemented again at a later visit, do not change the *Date Achieved.* You may choose to add additional dates each time the intervention is implemented again for your own purposes, but this is not required.

- Many of the *POC 2* domains have an emergency intervention level. The emergency interventions are assisting the beneficiary to get immediate help at an emergency department or calling 911. Whenever you implement emergency interventions, you must inform the beneficiary's medical care provider and Medicaid Health Plan. Complete the *MIHP Prenatal or Infant Care Communication* form. Check the "Notification of Emergency" box at the top right of the form and explain the emergency situation and the action that was taken in the "Comments" box at the bottom of the form. Fax it to the medical care provider and the Medicaid Health Plan within 24 hours.

- There is a check box at the top of the interventions column which is used to document that the beneficiary has refused all domain interventions. When you check this box, document why the beneficiary refused the interventions on a *Professional Visit Progress Note* in the Domain/Risk Addressed section or under "Other Visit Information." Staff should reassess the beneficiary's needs periodically, even if she has refused interventions in the past.

Three Important "MUSTS" to Remember about POC Completion

1. The individual *Plan of Care, Part 2* forms MUST accompany *the Plan of Care, Part 1* and the *Plan of Care, Part 3* to comprise a complete *POC* document.

2. *The POC Parts 1, 2, and 3* must be completed before an agency may bill for the *Risk Identifier.*

3. The *Risk identifier* and the *POC Parts 1, 2 and 3* MUST be completed before a subsequent visit may be conducted, unless there is a documented emergency.

Other Points to Keep in Mind

1. The registered nurse and licensed social worker must develop the *POC 2* together. The registered dietitian and infant mental health specialist may provide input into the *POC* 2 development process.

2. A face-to-face conference is recommended, but not required, when developing the *POC 2*. Care conferencing by phone is acceptable. It is also acceptable for one discipline to draft the *POC* 2 and leave it for another discipline to review and sign. The care coordinator is documented as the *POC 2* is developed.

3. Before the *POC* 2 is drafted, the professional who administers the *Risk Identifier* should talk with the beneficiary to get her input on her own needs, goals, and objectives, to determine the starting point for implementation of the *POC 2*. POC implementation is client-focused, meaning that the beneficiary selects the domains that are priorities for her and that she wishes to address. The beneficiary's record must state why interventions addressing the other risks are not being provided.

4. The *Risk Identifier* algorithms are based on the professional literature and are posted on the MIHP web site.

Why Cert Tool Indicator #27 – Plan of Care, Part 2
Gets Dinged at Certification Review

a. **At least 80% of charts reviewed include a complete and accurate *Maternal Plan of Care, Part 2 (M003 - M021)* or *Infant Plan of Care, Part 2 (I003 - I007, I020, I036)* with a corresponding domain for every risk identified by the *Risk Identifier* or professional judgment.**

- **A *POC 2* domain is not in the chart for every identified risk.**
- **There is a *POC 2* domain in the chart for a risk that was not identified by the *Risk Identifier* and there is no documentation that the risk was identified by professional judgment.**
- **Wrong risk level is indicated (does not correspond to the level on the *Risk Identifier*).**
- **No risk level is indicated.**
- **Dates that interventions were provided are inaccurate.**
- **Mother is named as beneficiary on "Maternal Considerations" page when infant is the beneficiary.**

b. **At least 80% of charts reviewed in which an additional risk based on professional judgment and matching the criteria in *POC 2*, Column 2 has been documented, indicate that an additional domain is added to the *POC 2* and the date of the addition is noted in Column 1.**

- **Date that a *POC 2* domain is added based on professional judgment is not indicated in Column 1 of *POC 2*.**

c. **At least 80% of charts reviewed in which a risk level change has been documented, indicate that the risk level increase or decrease is based on the criteria in *POC 2*, Column 2 and that the date of the change is noted in Column 1.**

- **Date that risk level has been changed is not indicated in Column 1 of the *POC 2*.**

d. **At least 80% of closed charts reviewed indicate that the date an intervention is first implemented is noted in the *Date Achieved* space in Column 3 on the *POC 2.***

- ***Date Achieved* is left blank despite *Progress Note* documentation that interventions were provided.**
- ***Date Achieved* is indicated but date doesn't match date of service on *Progress Note*.**